PAYROLL FORM

NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS

SFN 52339 (09/02)

U.S. DEPARTMENT OF LABOR PAYROLL WAGE AND HOUR DIVISION (For Contractor's Optional Use: See Instructions, Form WH-347 Inst.						7 Inst.	Form Approved Budget Bureau No. 44-R1093													
Name of Contractor □	or Sub	contractor []									Address								
Payroll No. For Week Ending						Project and Location Project or Contract No.														
		(3) Work Classification	ST (4) Day and Date								(8) Deductions									
(1) Name, Address, and Social Security Number of Employee	(2) No. of Withholding Exemptions		or								(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	FICA	Withholding			Other	Total Deductions	(9) Net Wages Paid For Week
			OT ST	I	Hours	s Wor	ked l	Each	Day											
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Date	
I, ,	
(Name of Signatory Party) (Titl	e)
do hereby state:	
(1) That I pay or supervise the payment of the persons employed by	
(Contractor or Subcontractor) on the (Building or Wo	
the day of ; that during the payroll perior, and ending the	d commencing on
theday of,20, and ending the	day of 20,
all persons employed on said project have been paid the full weekly wage rebates have been or will be made either directly or indirectly to or on bel	
from the full weekly	
(Contractor or Subcontractor)	wages carried
by any persons and that no deductions are been made either directly or in	directly from the full
wages earned by any persons, other than permissible deductions as define	d in Regulations,
Part 3 (CFR Subtitle A), issued by the Secretary of Labor under the Cope	
amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 357; 40 U.S.C. 276c), and d	escribed below;
(2) That any payrolls otherwise under this contract required to be subperiod are correct and complete; that the wage rates for laborers or mechatherein are not less than the applicable wage rates contained in any wage incorporated into the contract; that the classifications set forth therein for mechanic conform with the work he performed.	nics contained determination
meenane conform with the work he performed.	
(3) That any apprentices employed in the above period are fully regis apprenticeship program registered with a State apprenticeship agency recognized of Apprenticeship and Training, United State Department of Labor recognized agency exists in a State, are registered with the Bureau of App Training, United States Department of Labor.	ognized by the or, or if no such
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED OR PROGRAMS	PLANS, FUNDS,
☐ — In addition to the basic hourly wage rates paid to each labore the above referenced payroll, payments of fringe benefits as listed in been or will be made to appropriate programs for the benefit of suc as noted in Section 4(c) below.	the contract have

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

\square — Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic hourly
wage rate plus the amount of the required fringe benefits as listed in the contract, except
as noted in Section 4 (c) below.

(c) EXCEPTIONS

Exception (Craft)	Explanation				
Remarks					
	<u> </u>				
Name and Title	Signature				
THE WILLIAM CIEICATION OF ANY OF THE ADOVE STATE					

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATE-MENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.